

**APPLICATION DATA SHEET**

Electronic Version v14

Stylesheet Version v14.0

**Title of  
Invention****Dynamic Bushing For Medical Device Tubing****Application Type:** regular, utility**Correspondence address:****Customer Number:**

490

**\*490\*****Inventors Information:****Inventor 1:****Applicant Authority Type:** Inventor**Citizenship:** US**Name prefix:** Mr.**Given Name:** Matthew**Family Name:** Shedlov**City of Residence:** Rockford**State of Residence:** MN**Country of Residence:** US**Address-1 of Mailing Address:** 6140 Ash Street**Address-2 of Mailing Address:****City of Mailing Address:** Rockford**State of Mailing Address:** MN**Postal Code of Mailing Address:** 55373**Country of Mailing Address:** US**Phone:****Fax:****E-mail:**

Inventor 2:

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Name prefix:** Mr.  
**Given Name:** Kenneth  
**Family Name:** Merdan  
**City of Residence:** Greenfield  
**State of Residence:** MN  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 8627 Grace Lane  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Greenfield  
**State of Mailing Address:** MN  
**Postal Code of Mailing Address:** 55357  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

Inventor 3:

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Name prefix:** Mr.  
**Given Name:** Jeffrey  
**Middle Name:** P.  
**Family Name:** Boodry  
**City of Residence:** Shorewood  
**State of Residence:** MN  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 5700 Star Lane

**Address-2 of Mailing Address:****City of Mailing Address:** Shorewood**State of Mailing Address:** MN**Postal Code of Mailing Address:** 55331**Country of Mailing Address:** US**Phone:****Fax:****E-mail:****Inventor 4:****Applicant Authority Type:** Inventor**Citizenship:** US**Name prefix:** Mr.**Given Name:** Luke**Middle Name:** W.**Family Name:** Lundquist**City of Residence:** Rogers**State of Residence:** MN**Country of Residence:** US**Address-1 of Mailing Address:** 15237 Norden Drive**Address-2 of Mailing Address:****City of Mailing Address:** Rogers**State of Mailing Address:** MN**Postal Code of Mailing Address:** 55374**Country of Mailing Address:** US**Phone:****Fax:****E-mail:****Inventor 5:****Applicant Authority Type:** Inventor

**Citizenship:** US  
**Name prefix:** Mr.  
**Given Name:** James  
**Middle Name:** K.  
**Family Name:** Hitchcock  
**City of Residence:** Forest Lake  
**State of Residence:** MN  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 24645 Kettle River Blvd  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Forest Lake  
**State of Mailing Address:** MN  
**Postal Code of Mailing Address:** 55025  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

Inventor 6:

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Name prefix:** Mr.  
**Given Name:** James  
**Middle Name:** M.  
**Family Name:** Faucher  
**City of Residence:** New Brighton  
**State of Residence:** MN  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 1798 19th Avenue Northwest  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** New Brighton

State of Mailing Address: MN  
Postal Code of Mailing Address: 55112  
Country of Mailing Address: US  
Phone:  
Fax:  
E-mail:

Attorney Information:

practitioner(s) at Customer Number:

490      \*490\*

as our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.